Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

up to \$40 will be assessed for

returned payments.

STATEMENT OF DISSOCIATION DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: \$10 payable to SECRETARY OF STATE

Telephone #
FAX #

The undersigned hereby files this statement of dissociation pursuant to SDCL 47-34A-605.	
The name of the company is	
Note: This must be the exact limited liability company nam	ne.
2. The name of the member dissociated from the compa	any is
3. A copy of this statement has been delivered to the limited liability company	
Dated	
	(Signature)
By signing this form, you agree to have both the fee and the form processed electronically. A fee of	(Printed Name)

(Title)